Maine CDC/DHHS Update on 2009 H1N1 Influenza Virus
December 4, 2009

Highlights

- Nationally and in Maine we are seeing gradual declines in flu activity; however, there is still a lot of influenza everywhere.
- It is possible that other waves of activity may occur – caused by either H1N1 or regular seasonal flu – and people should continue to take precautions, including seeking vaccine when it is available.
- Maine CDC is partnering with 211 Maine to provide confidential information and referrals related to the flu to the general public from 8 a.m. to 8 p.m. seven days a week.
- To date, more than 300,000 doses of H1N1 vaccine have arrived in the state, but this is still **less than half** of what will be needed for all **prioritized groups** in Maine.

Flu Activity in Maine and the US

Since the last update, there have been six additional deaths due to H1N1, bringing the total to 11 reported since August. All of the recent deaths have occurred in people over the age of 25 with one each in Androscoggin, Franklin, and Washington counties and three in Penobscot County. All deaths related to H1N1 in Maine have occurred among people with underlying health conditions. **People with underlying health conditions who experience flu-like symptoms should contact their health care providers immediately** to receive a prescription for antiviral medications (such as Tamiflu®). Please note that one of these recent deaths was reported after the surveillance report at the end of this update was finalized.

There were 25 new hospitalizations due to H1N1 in the last week (down from 50 two weeks ago). Of those hospitalized, all were adults and five were admitted to intensive care units. Counties of those hospitalized this past week are: York, 5; Cumberland, 4; Androscoggin, 3; two each in Franklin, Kennebec, Penobscot, Piscataquis, and Washington counties; and one each in Knox, Oxford, and Waldo counties.

Seventeen schools reported absenteeism greater than or equal to 15% due to influenza-like illness in the past week. In a normal flu season in Maine, fewer than half a dozen schools usually report high absentee rates. High absenteeism was reported in Androscoggin, Aroostook, Cumberland, Kennebec, Knox, Oxford, Somerset, Waldo, and Washington counties.

The timing, spread, and severity of flu viruses is unpredictable with outbreaks often occurring in waves. **Even after flu activity peaks during the current wave, it is possible that other waves of activity may occur – caused by either H1N1 or regular seasonal flu viruses. It is also fully expected that H1N1 virus will continue to circulate for months if not years to come. People should continue to take precautions to prevent serious illness by staying home when sick, covering coughs and sneezes, washing hands frequently, and getting vaccinated against both seasonal and H1N1 flu when vaccine is available.**

Pneumococcal Illness and Vaccine

Flu infections can make people more likely to develop pneumococcal infections, which can cause serious complications, including death. All children younger than 5, all people between ages 5 and 64 with high risk conditions, and all people age 65 and older should receive a pneumococcal vaccine. For more information, see this US CDC Q&A on pneumococcal disease: http://www.cdc.gov/h1n1flu/vaccination/qa_pneumococcal_disease.htm.

Public Information

Maine CDC has contracted with 211 Maine to provide confidential information and referrals to the general public related to H1N1 and seasonal flu. Since August, staffing of Maine CDC's information line has been limited to business hours. The partnership with 211 Maine will allow people to dial 2-1-1 to obtain information and referrals from trained 211 staff from 8 a.m. to 8 p.m. 7 days a week.

E-mail Hoax

US CDC has received reports of fraudulent emails referencing a CDC-sponsored State Vaccination Program. The messages tell people to create a personal H1N1 Vaccination Profile on the cdc.gov website. The message then states that anyone that has reached the age of 18 has to have his/her personal Vaccination Profile on the cdc.gov site. CDC has **not** implemented a state vaccination program requiring registration on www.cdc.gov. Users that click on the e-mail are at risk of having a computer virus installed on their system. To prevent computer viruses:

- Do not follow unsolicited links and do not open or respond to unsolicited email messages.
- Use caution when visiting untrusted websites.
- Use caution when entering personal information online.

For more information: http://www.cdc.gov/hoaxes_rumors.html

H1N1 Vaccine Safety

The H1N1 vaccine is made the same way as seasonal flu vaccines. Although GlaxoSmithKline asked the Canadian government to stop using vaccine doses from one particular lot shipment, none of that vaccine had even been available in the United States.

The benefits of getting the 2009 H1N1 influenza vaccine far outweigh the very small risk of serious complications from vaccination. Some people getting vaccinated will have mild side effects such as pain, redness or swelling in the arm where the shot was given or a runny nose and headache after the nasal spray vaccine.

US CDC and FDA are carefully monitoring the H1N1 vaccine reports and after millions of doses of vaccine being administered in the U.S., the number, pattern and types of adverse event reports are similar to what we see for seasonal influenza vaccine. More than 90% of adverse event reports have been classified as "not serious" and are things often seen after vaccinations, such as soreness at the vaccination site.

H1N1 Vaccine Supply and Prioritization

We currently have 301,900 doses of vaccine in Maine – **which is about 43% of what is needed for priority populations in the state.** For this reason, Maine CDC has had to prioritize within US CDC's priority groups for vaccine, based on trends in infections, the type and amount of vaccine available, and readiness of partners to administer vaccine.

Nearly all K-12 schools have offered vaccine to their students. We continue to distribute vaccine to K-12 schools to complete all first doses and offer second doses to children ages nine and younger. We have been distributing increasing amounts of vaccine to larger numbers of health care providers, primarily for pregnant women, young children, and people with health conditions.

Vaccine supply has gradually increased and we expect it to increase substantially this week and into next week. Our current priorities for vaccine are:

- **Pregnant women** and recently pregnant women;
- **Caregivers and household members of infants younger than 6 months old**;
- **All people 6 months through 24 years of age;** and
- **People ages 25 through 64 with underlying medical conditions**, including COPD, asthma, chronic heart disease (except hypertension), kidney disease, liver disease, cognitive disability, neurologic/neuromuscular, blood disorder, metabolic disorders (including diabetes) or compromised immune systems (including HIV, organ transplant, people undergoing chemotherapy)**.**

The following **healthy health care providers** are also prioritized: **inpatient and outpatient health care workers with frequent direct contact with high priority patients and infectious materials**, including all EMS as well as nurses and doctors working in outpatient primary care practices, specialty practices, and schools. The main reason health care workers should be vaccinated is to protect the patients they serve, who more likely fall into high-risk categories. **The best way to protect these patients is to vaccinate them when the appropriate formulation is available.** We ask that healthy health care workers be offered nasal spray vaccine whenever possible, which is only licensed for otherwise healthy and non-pregnant 2- to 49-year-olds.

Vaccine supply should be able to support more public clinics for high priority populations by the end of this month. We also plan to distribute some nasal spray to residential college campuses in order to offer vaccine to this group before the winter holidays.

Once all of the prioritized groups have been vaccinated, we anticipate that there will be enough vaccine for anyone who wants it. We hope that is soon, and it is our strong desire that everyone in Maine be offered this vaccine as soon as possible.

Second Doses:
Children nine and younger require a second dose of vaccine at least 21 days after the initial dose for full immunity; US CDC recommends a period of 28 days between doses. There is no maximum number of days between doses. Although it is preferable to receive the same type of vaccine (nasal spray or injection) for both doses, it is not required.

Due to the formulation of vaccine currently coming into the state, we are now able to begin offering second doses for children nine and younger in some areas. Vaccinators should follow the vaccine screening form to determine if sufficient time has passed between doses. Documentation of the first dose should not be required before administering a second dose. If a second dose is inadvertently administered early, it will not cause harm. In settings where supply is limited, first doses should still be prioritized.

Reporting Vaccine Administration:
Maine CDC asks all H1N1 vaccine providers and/or administrators to submit the vaccine administration data into the Maine CDC's weekly vaccine reporting system. Maine CDC's Immunization Program is compiling a database that matches the vaccine distribution database with the vaccine administration database by provider so we can tell which providers are not reporting on vaccine administration (or not using their vaccine). We will then use this to help guide our vaccine distribution decision-making.

The weekly vaccine reporting form can be found at: http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml. Detailed instructions are also available at: http://www.maine.gov/dhhs/boh/maineflu/h1n1/H1N1-Weekly-Reporting-Form-instructions.pdf.

H1N1 Vaccination Distribution as of December 4:

County	H1N1 Doses Distributed as of 12/4	% of Population Doses Covering as of 12/4	Number of Health Care Providers with H1N1 Vaccine
Washington	9,200	27%	18
York Cumberland Sagadahoc	129,300	25%	123
Androscoggin	25,800	24%	30
Kennebec	28,100	23%	14
Penobscot	34,000	23%	40
STATE	**301,900**	**23%**	**329**
Aroostook	15,800	22%	20
Piscataquis	3,600	21%	7
Hancock	10,700	20%	15
Knox Lincoln Waldo	21,600	19%	29
Oxford	10,000	18%	16
Franklin	5,300	18%	8
Somerset	8,500	17%	9

- 76% of doses distributed as of Nov. 15 have been administered
- This means there are now 2 doses for every 5 people in high priority groups and 2 doses for every 9 people overall in the Maine

Seasonal Flu Vaccine
There continue to be manufacturing delays that impact availability of seasonal flu vaccine. Maine CDC received about 37,000 doses of seasonal flu vaccine this week for high-risk adults. Maine CDC is no longer able to take orders for seasonal flu vaccine. Health care providers and others who privately ordered vaccine have also been impacted by the delay. However, the FDA recently approved another vaccine, which should help increase the supply of vaccine nationwide. More information about seasonal flu vaccine supply can be found at:
http://www.cdc.gov/flu/professionals/vaccination/#supply

Antiviral Treatment
Utilization of prescription antivirals to treat people at risk for complications has increased. Maine CDC continues to encourage physicians to prescribe antivirals as appropriate. For more information about antivirals, visit our web site:
http://www.maine.gov/dhhs/boh/maineflu/h1n1/anti-viral.shtml

Resources for Health Care Providers
Many recent updates have been posted on our **Health Care Providers** web page, including links to infection control information, antiviral treatment information, and the most recent guidance from US CDC:
http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml

US CDC has issued a number of new guidance documents related to H1N1 **vaccine dosage, storage, and administration**. Updated information can be found on our web site at:
http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/vaccine-info-hcp.shtml

We have established a web page for **pharmacists** that includes information related to administration of vaccine, billing for compounding Tamiflu® suspension, and other important guidance documents:
http://www.maine.gov/dhhs/boh/maineflu/h1n1/pharmacists-information.shtml

Infection Control:
Successfully Preventing transmission of influenza in the health care setting requires a comprehensive approach, beginning with plans that are flexible and adaptable should changes occur in the severity of illness or other aspects of 2009 H1N1 and seasonal influenza. Facilities should use a hierarchy of controls approach to prevent exposure of healthcare personnel and patients and prevent influenza transmission within healthcare settings.

Maine CDC has posted the US CDC guidance on Infection Control Measures, a Summary of the October 2009 Infection Control Guidance, OSHA's position on compliance and enforcement, and the procedures for hospitals requesting N95 respirators from the Strategic National Stockpile at this site: http://www.maine.gov/dhhs/boh/maineflu/h1n1/infection-control.shtml

Prioritizing H1N1 Vaccine for Household Members of Infants:
Infants younger than six months old cannot receive H1N1 vaccine and are vulnerable to serious complications if infected. Household members of infants are a prioritized group for vaccine. **Maine CDC encourages obstetricians and pediatricians and other health care providers to vaccinate parents of infants younger than six months old, even if these individuals are not currently their patients.** The PREP Act established liability protections for physicians who administer vaccine to patients not normally under their care (http://www.hhs.gov/disasters/discussion/planners/prepact/prepact-h1n1.html).

Vaccine Availability and Distribution:
Health care providers are notified by fax as soon as vaccine is allotted to them for distribution. Maine CDC's public information line does not have the ability to check the status of individual vaccine orders. **Patients should not be referred to Maine CDC's public information line to find out when a specific provider will receive vaccine.** Maine CDC encourages health care providers to establish waiting lists for patients who want vaccine. Health care providers will then be able to prioritize within those lists based on the formulation of vaccine available, the number of doses available, and the current priority populations for vaccine.

Other Updates from Federal Partners

- US CDC has issued guidance for managing flu-like illness before, during and after a commercial flight, including personal protective measures for the crew, and reporting of ILI to CDC Quarantine Stations. (http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm)

Updates for Special Populations

- Maine CDC will be holding a conference call for **Child Care Providers** from 2-3 p.m. Thursday, Dec. 10. The call-in number is 1-800-914-3396 with the pass code 473623#. During calls, please press *6 to mute your line un-mute when you are actively participating.
- CDC has issued guidance for **Emergency Shelters** to follow during the flu season (http://www.cdc.gov/h1n1flu/guidance/emergencyshelters.htm) as well as a Q&A on this topic (http://www.cdc.gov/h1n1flu/guidance/emergencyshelters_qa.htm).
- We have updated the content of our web pages for:
  - **adults with health conditions** (http://www.maine.gov/dhhs/boh/maineflu/h1n1-adults-25-64.shtml),
  - **pregnant women** (http://www.maine.gov/dhhs/boh/maineflu/H1N1-pregnant.shtml),
  - **schools** (http://www.maine.gov/dhhs/boh/maineflu/h1n1/educators.shtml), and
  - **child care providers** (http://www.maine.gov/dhhs/boh/maineflu/h1n1/child-care-providers.shtml).

Maine CDC H1N1 Activities This Past Week

Calls received by the phone bank.	144
Questions coming into flu.questions@maine.gov	50
Hits on the webpages associated with www.maineflu.gov	18,392
Lab tests we (HETL at Maine CDC) conducted	233
Lab tests we (HETL) conducted total since April.	7,247
Calls coming into the clinical consultation line	73
Maine CDC employees whose jobs do not normally involve anything related to H1N1 who have volunteered with the phone bank and other related efforts	124
Maine CDC employees who have been redeployed from other activities to focus on H1N1	97

How to Stay Updated

- **Flu News:** View current Maine CDC press releases, Thursday weekly updates, and urgent updates from our Health Alert Network (HAN) by visiting: http://www.maine.gov/dhhs/boh/maineflu/flu-news.shtml. RSS feeds are available for the weekly updates and HAN.
- **Follow Maine CDC's Social Media Updates:**
  - **Facebook** (search for "Maine CDC")
  - **Twitter** (http://twitter.com/MEPublicHealth)
  - **MySpace** (www.myspace.com/mainepublichealth)
  - **Maine CDC's Blog** (http://mainepublichealth.blogspot.com)
- **H1N1 Conference Calls:** Maine CDC will be holding conference calls to provide updates and take questions on H1N1. The next call will be held from **noon to 1 p.m. Monday, December 7.** In addition, a call for **Child Care** Providers will be held from **2-3 p.m. Thursday, December 10.** The phone number for both calls is 1-800-914-3396 with the pass code 473623#. During calls, please press *6 to mute your line un-mute when you are actively participating.
- **For clinical consultation, outbreak management guidance**, and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- **Call** 211 with general questions from 8 a.m. to 8 p.m. seven days per week
- **E-mail** questions to: flu.questions@maine.gov

Maine Weekly Influenza Surveillance Report

December 1, 2009

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
John E. Baldacci, Governor — Brenda M. Harvey, Commissioner

Cumulative data since April 27, 2009

- 2,007 lab tested cases of H1N1 to date
  - 160 Maine residents have been hospitalized
- 10 deaths reported to date
- 90% of lab confirmed H1N1 cases in Maine residents are under the age of 50 (range 0-84 years, mean of 21 years)

New* This Week

- Federal Flu Code: Widespread
- 177 new confirmed and probable cases of H1N1 this week
  - 25 new hospitalizations
- 18 new outbreaks reported, 17 of which were in school settings

* "New" defined as reported during the previous week (Sunday through Saturday)

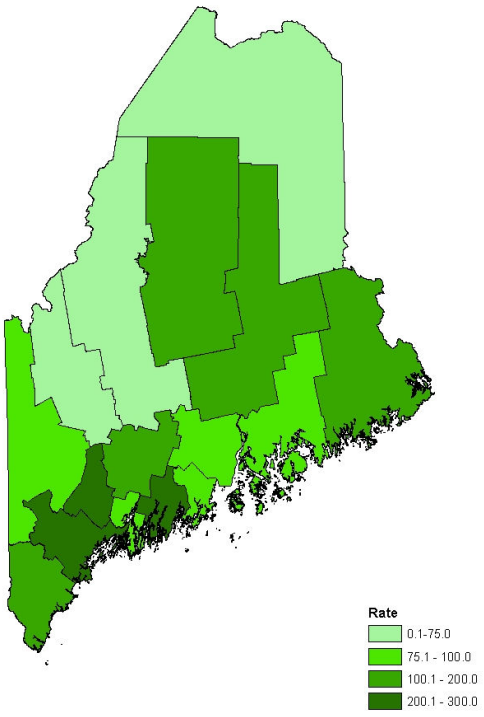
Characteristics of Lab Confirmed H1N1 Influenza Cases - Maine Residents, 2009

Age			At Risk				Hospital Care				Deaths	
Age Group	#	New	HCW	New	Pregnant	New	Hospitalized	New	ICU	New	#	New
<5	216	22	0	0	0	0	23	1	1	0	0	0
5 to 18	976	66	1	0	0	0	26	3	3	0	0	0
19 to 24	200	6	8	0	4	0	11	0	1	0	1	0
25 to 49	411	52	32	2	20	2	43	9	7	2	2	1
50 to 64	168	21	13	1	0	0	41	8	12	1	5	2
≥65	36	10	0	0	0	0	16	4	5	2	2	0
Total	**2007**	**177**	**54**	**3**	**24**	**2**	**160**	**25**	**29**	**5**	**10**	**3**

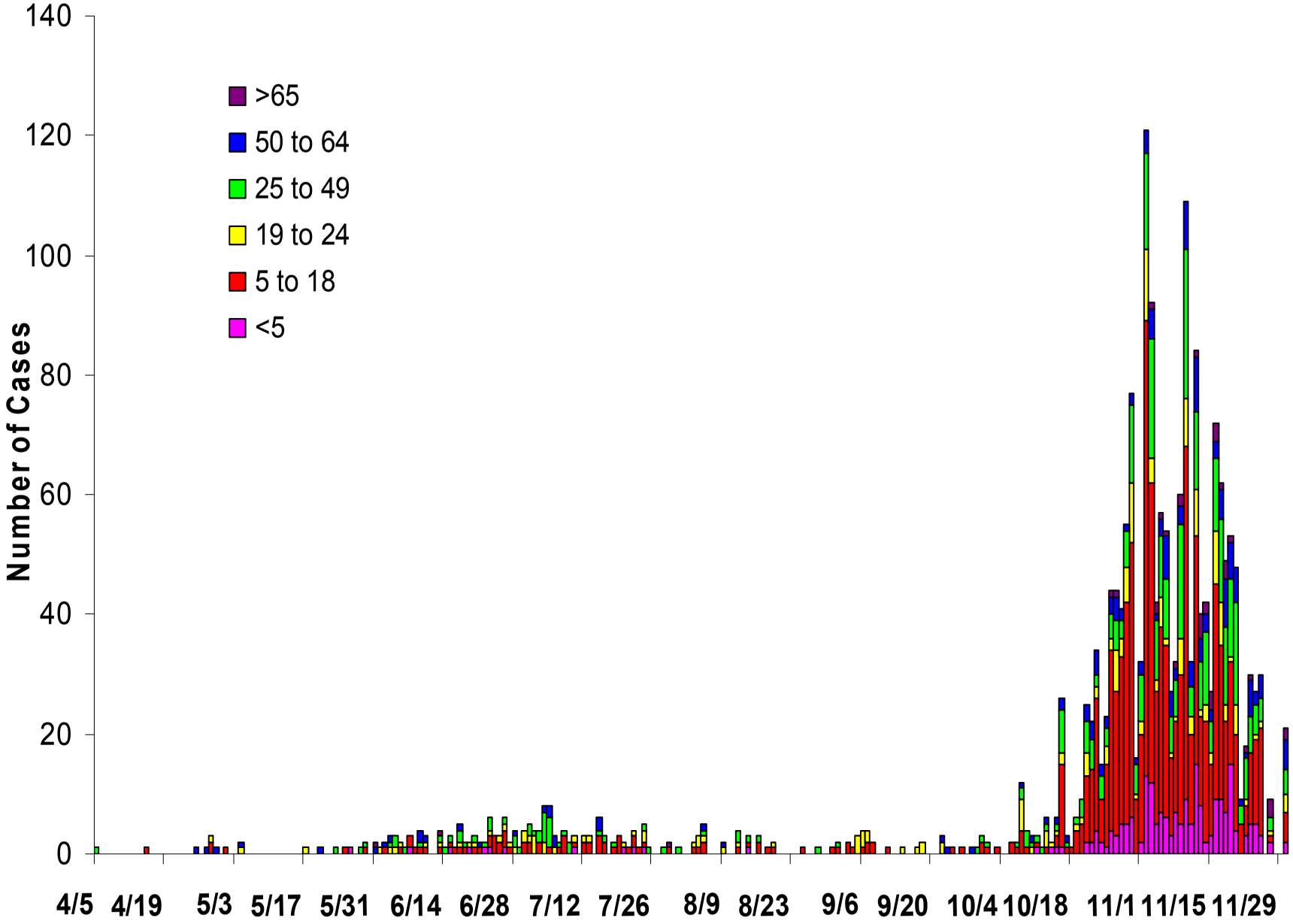
Lab confirmed H1N1 Influenza Cases by County – Maine Residents, 2009

County	Maine Residents	New	Hosp	New
Androscoggin	223	14	27	3
Aroostook	39	8	2	0
Cumberland	604	62	29	4
Franklin	17	5	2	2
Hancock	42	2	5	0
Kennebec	140	7	13	2
Knox	34	12	2	1
Lincoln	101	6	1	0
Oxford	50	1	4	1
Penobscot	272	5	40	2
Piscataquis	18	4	5	2
Sagadahoc	36	2	0	0
Somerset	35	4	1	0
Waldo	34	5	1	1
Washington	50	11	5	2
York	312	29	23	5
Total	**2007**	**177**	**160**	**25**

Lab Confirmed H1N1 Infections per 100,000 People by County - Maine Residents, 2009



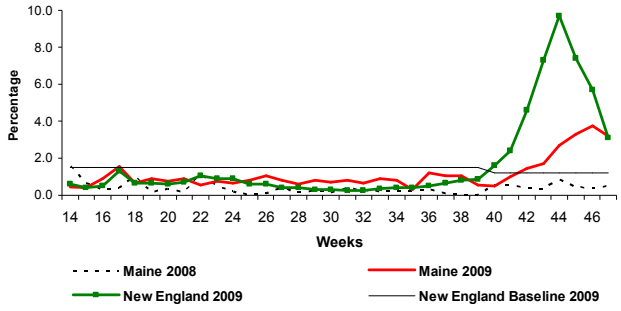
Confirmed Cases of H1N1 Influenza By Onset Date* and Age Group – Maine Residents, 2009



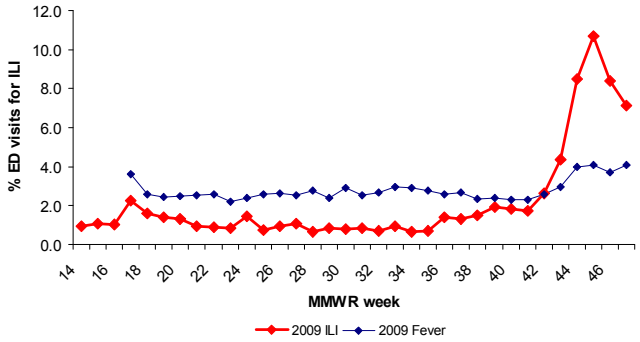
*if onset date is not available, the date reported to the state is used as the onset date

Surveillance Information

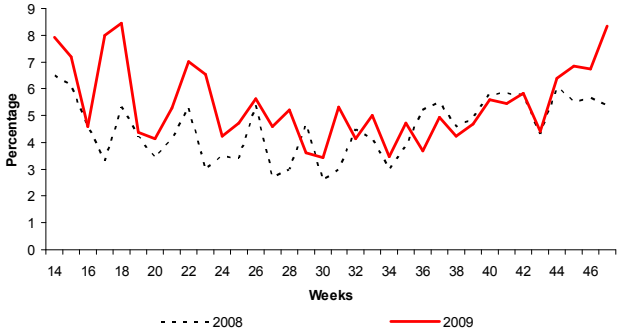
Outpatient Visits for Influenza-like Illness – Maine, 2008-09



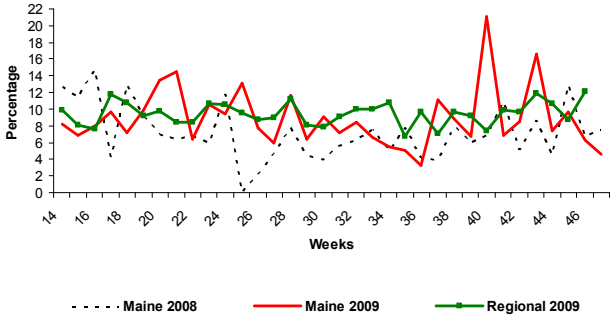
Emergency Department Visits for ILI and Fever at Twelve Hospitals – Maine, 2009



Hospital Admissions Due to Pneumonia or Influenza – Maine, 2008-09



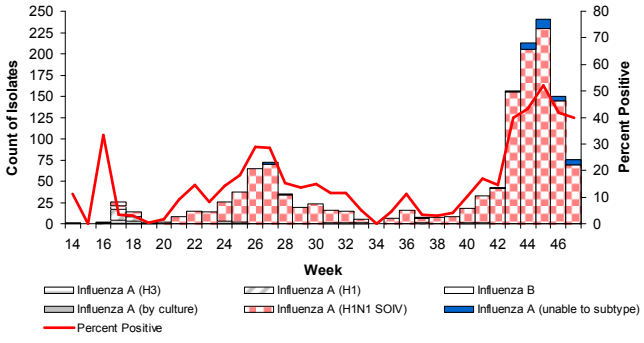
Percentage of Deaths Attributable to Pneumonia or Influenza – Maine, 2008-09



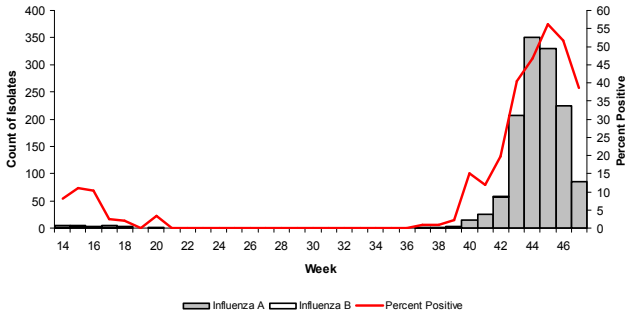
Lab Data

- 7,218 influenza tests have been performed at HETL since April 27, 2009
  - 17.9% of tests have been positive for H1N1

Respiratory Specimens Positive for Influenza from HETL – Maine, 2009

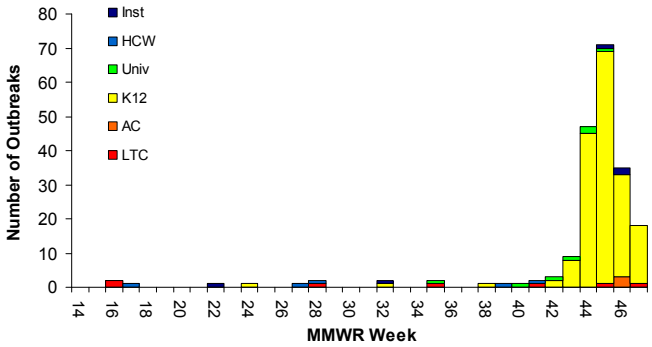


Respiratory Specimens Positive for Influenza from Two Reference Laboratories - Maine, 2009



Influenza-Like Illness Outbreaks – Maine, 2009

Influenza-Like Illness Outbreaks by Facility Type - Maine, April – present, 2009



Outbreak Facility Type Key:

LTC - Long Term Care Facility
AC - Acute Care Facility (nosocomial)
K12 - School (K-12) or daycare
Univ - School (residential) or University
HCW - Health care workers
Inst - Other institutions (workplaces, correctional facilities etc)

Influenza-Like Illness Outbreaks by Facility Type and County - Maine, April – Present, 2009

County	LTC	New	AC	New	K12	New	Univ	New	HCW	New	Inst	New
Androscoggin	0	0	1	0	18	1	1	0	0	0	0	0
Aroostook	0	0	0	0	12	3	0	0	0	0	0	0
Cumberland	1	0	2	0	14	2	1	0	1	0	1	0
Franklin	1	0	0	0	0	0	1	0	0	0	0	0
Hancock	0	0	0	0	8	0	0	0	0	0	0	0
Kennebec	1	0	0	0	24	1	0	0	1	0	0	0
Knox	0	0	0	0	4	3	0	0	0	0	0	0
Lincoln	1	0	0	0	6	0	0	0	0	0	1	0
Oxford	1	1	0	0	9	2	1	0	0	0	0	0
Penobscot	0	0	0	0	33	0	0	0	0	0	2	0
Piscataquis	0	0	0	0	5	0	0	0	0	0	0	0
Sagadahoc	0	0	0	0	3	0	0	0	0	0	0	0
Somerset	0	0	0	0	7	1	1	0	1	0	0	0
Waldo	0	0	0	0	9	1	0	0	0	0	1	0
Washington	1	0	0	0	7	3	1	0	0	0	0	0
York	1	0	0	0	14	0	1	0	0	0	1	0
Total	**7**	**1**	**3**	**0**	**173**	**17**	**7**	**0**	**3**	**0**	**6**	**0**